## FORM D

#### UNITED STATES SECURITIES AND EXCHANGES COMMA Washington, D.C. 20549

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# FORM D

# NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

SE	C USE ON	LY
Prefix		Serial
DA	TE RECEIV	ED .

Name of Offering ( check if this is an amendment and name has changed, and indicate	change.)
KnowledgeAdvisors, Inc. Series B Convertible Preferred Stock	11199
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 50	06 Section 4(6) ULOE
Type of Filing New Filing Amendment	
A. BASIC IDENTIFICATION DAT	$oldsymbol{A}$ . The first section of the section
1. Enter the information requested about the user	
Name of issuer ( check if this is an amendment and name has changed, and indicate	change.)
KnowledgeAdvisors, Inc.	
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
11 South LaSalle Street, 6th Floor, Chicago, Illinois 60603	312-423-8750
Address of Principal Business Operations (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
(if different from Executive Offices)	RECEIVED CO
Brief Description of Business	/5°/
Corporate training and evaluation services	
Type of Business Organization	APR 2 9 2002 >>
corporation limited partnership, already formed	
business trust limited partnership, to be formed	other (please specify):
Month Year	Actual Estimate
Actual or Estimated Date of Incorporation or Organization: 0 7 0 0	☑ Actual ☐ Estimate
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbrevi	and to state.
CN for Canada: FN for other foreign jurisdic	ction)
GENERAL INSTRUCTIONS	THOMSON
Federal:	

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulations D or Section 4(6), 17 ETR 250.501 et seg. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

#### - ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

#### A. BASIC IDENTIFICATION DATA 2. Enter the information requested for the following: • Each promoter of the issuer, if the issuer has been organized within the past five years; · Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; · Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and · Each general and managing partnership issuers. Check Box(es) that Apply: ☐ Promoter Beneficial Owner □ Director General and/or Managing Partner Full Name (Last name, first, if individual) Barnett, Kent D. Business or Residence Address (Number and Street, City, State, Zip Code) 11 South LaSalle Street, 6th Floor, Chicago, Illinois 60603 Check Box(es) that Apply: ☐ Promoter Beneficial Owner ☐ Executive Officer ☐ Director General and/or Managing Partner Full Name (Last name, first, if individual) Synetro Group, LLC (f/k/a eBlast Ventures, L. L. C.) Business or Residence Address (Number and Street, City, State, Zip Code) 11 South LaSalle Street, 12th Floor, Chicago, Illinois 60603 Check Box(es) that Apply: Promoter ☐ Beneficial Owner Executive Officer □ Director General and/or Managing Partner Full Name (Last name, first, if individual) Georgiadis, Pantelis A. Business or Residence Address (Number and Street, City, State, Zip Code) 11 South LaSalle Street, 12th Floor, Chicago, Illinois 60603 Check Box(es) that Apply: Promoter Beneficial Owner ☐ Executive Officer □ Director General and/or Managing Partner Full Name (Last name, first, if individual) Maddock, Richard E. Business or Residence Address (Number and Street, City, State, Zip Code) 11 South LaSalle Street, 6th Floor, Chicago, Illinois 60603 Check Box(es) that Apply: Beneficial Owner ☐ Executive Officer General and/or ☐ Promoter ☐ Director Managing Partner Full Name (Last name, first, if individual) Mosaix Ventures, LP Business or Residence Address (Number and Street, City, State, Zip Code) 1822 North Mohawk Street, Chicago, Illinois 60614 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer □ Director ☐General and/or Managing Partner Full Name (Last name, first, if individual) Lal, Ranjan Business or Residence Address (Number and Street, City, State, Zip Code) 1822 North Mohawk Street, Chicago, Illinois 60614 Check Box(es) that Apply: Promoter ☐ Beneficial Owner Executive Officer □ Director General and/or Managing Partner Full Name (Last name, first, if individual) Rothschild, Mark Business or Residence Address (Number and Street, City, State, Zip Code) 11 South LaSalle Street, 6th Floor, Chicago, Illinois 60603

Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	☐General and/or Managing Partner
Full Name (Last name, first,	if individual)		<del>-</del>		
Business or Residence Addr	ess (Number and St	reet, City, State, Zip Cod	e)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name, first,	if individual)				
Business or Residence Addr	ess (Number and St	reet, City, State, Zip Cod	e)		
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name, first,	if individual)				
Business or Residence Addre	ess (Number and St	reet, City, State, Zip Cod	e)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name, first,	if individual)				
Business or Residence Addre	ess (Number and St	reet, City, State, Zip Cod	e)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name, first,	if individual)				
Business or Residence Addre	ess (Number and St	reet, City, State, Zip Code	e)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name, first,	if individual)				
Business or Residence Addre	ess (Number and St	reet, City, State, Zip Code	e)		
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name, first,	if individual)				
Business or Residence Addre	ess (Number and St	reet, City, State, Zip Code	e)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name, first,	if individual)				
Business or Residence Addre	ess (Number and Sti	reet, City, State, Zip Code	2)		

		1		В. 1	NFORMA	TION AE	ου	T OFF	ERI	NG .		· · · · · · · · · · · · · · · · · · ·		
1. Has t	the issuer so	old, or does				accredited Column 2,					g?		Ye	
2. Wha	t is the mini	imum inve						-					\$	10.000
3. Does	the offerin	g permit jo	int ownersh	ip of a sin	gle unit?	**************				• • • • • • • • • • • • • • • • • • • •	*****************		Ye ⊠	s No
											ly or indirec			. –
sion	or similar r	emuneratio	n for solicit	ation of p	urchasers i	n connectio	on v	vith sales	s of	securitie	s in the offe	ring. If a p	erson	
to be	listed is a	n associate	d person or	agent of	a broker o	or dealer re	gist	ered wit	th th	he SEC	and/or with	a state or s	states,	
or de	ne name of aler, you m	av set forth	or dealer. The inform	if more ation for t	nan rive () hat broker	o) persons or dealer o	to t nlv.	be listed	are	associa	ted persons	of such a t	roker	
	(Last name	-												
i dii i diii	/ (Eust Harri	e, mot, m	idividual)											
Business	or Residenc	e Address	Number an	d Street, C	City, State,	Zip Code)								
Name of A	Associated I	Broker or D	Dealer					-				· · · · · · ·		
	Which Perso													
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	(2001)	,,	,											
Rusiness	or Residence	Address (	Number an	d Street (	ity State	7in Code)								
Dusiness	n Residence	c Address (	ivumber an	a Sirect, C	my, state,	Zip Code)								
Nome of A	Associated E	Dualian an F	Naglar.		-									
Name of A	Associated E	Broker of L	eater											
States in V	Vhich Perso	n Listad U	as Solicited	or Intend	e to Solicit	Durchacer				-			<del></del>	<del></del>
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[MT]	[NE]	[NV]	[NH]	[ru]	[NM]	[NY]		[NC]		[ND]	[HO]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]		[VA]		[WA]	[WV]	[WI]	[WY]	[PR]
Full Name	(Last name	e, first, if ir	idividual)		<del></del>	<del></del>								
Business o	r Residence	Address (	Number and	d Street, C	ity, State,	Zip Code)								
Name of A	Associated E	Broker or D	ealer		· · · · · · · · · · · · · · · · · · ·									<del></del>
States in V	Vhich Perso	n Listed H	as Solicited	or Intend	s to Solicit	Purchasers	;							
(Check	"All States"	or check i	ndividual S	tates)	· · · · · · · · · · · · · · · · · · ·		•••••						A	Il States
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[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]		[NC]		[ND]	[OH]	[OK]	[OR]	[PA]
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(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE	OF PROCEEDS	<u> </u>	
1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \( \square\) and indicate in the columns below the amounts of securities offered for exchange and already exchanged.			
Type of Security	Aggregate Offering Price		Amount Already Sold
Debt\$	0	\$	0
Equity\$	824,000	·	824,000
☐ Common ☒ Preferred			
Convertible Securities (including warrants) (convertible preferred stock and warrants)\$	824,000	. \$	824.000
Partnership Interests\$	0	. \$	0
Other (Specify)\$	0	. \$	0
Total\$			824,000
Answer also in Appendix, Column 3, if filing under ULOE.			
2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."			
	Number Investors		Aggregate Dollar Amount of Purchases
Accredited Investors	17	\$	824,000
Non-Accredited Investors	0		0
Total (for filings under Rile 504 only)			
3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C – Question 1.			
Type of offering	Type of Security		Dollar Amount Sold
Rule 505			
Regulation A			
Rule 504			
Total			
Transfer Agent's Fees (per annum)		\$	0
Legal Fees	$\boxtimes$	\$	25.000
Accounting Fees	$\boxtimes$	\$	1,000
Engineering Fees		\$	0
Sales Commissions (specify finders' fees separately) (per annum)		\$	0
Other Expenses (identify)		\$	0
Total		\$	26.000

5.	b. Enter the difference between the aggregate offering tion 1 and total expenses furnished in response to Pa "adjusted gross proceeds to issuer."	art C – Question 4.a. This difference	is the		\$	798,000
	used for each of the purposes shown. If the amount estimate and check the box to the left of the estimate. the adjusted gross proceeds to the issuer set forth in re	for any purpose is not known, furn The total of the payments listed must	ish an equal			
				Payments to Officers, Directors, & Affiliates		Payments To Others
	Salaries and fees		□\$		_ <b>\$</b>	
	Purchase of real estate		□\$		□\$	
	Purchase, rental or leasing and installation of machine	ry and equipment	□\$		\$	
	Construction or leasing of plant buildings and facilitie	s	□\$		□\$	
	Acquisition of other businesses (including the value of offering that may be used in exchange		<b>□</b> \$		<b></b> \$	
	Repayment of indebtedness		$\square$ s		<b>S</b>	
	Working capital		<b>\$</b>	798,000	□s	
	Other (specify):		<b>□</b> \$	-	□s	
	Column Totals		<b>□</b> \$			
	Total Payments Listed (column totals added)			□ \$	798,	000
wky.	D	FEDERAL SIGNATURE	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	61 #35 1 2 2 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	of aperilary.	
follo	issuer has duly caused this notice to be signed by the owing signature constitutes an undertaking by the issue taff, the information furnished by the issuer to any non-	r to furnish to the U.S. Securities and	Exchar	nge Commission	i, upon v	er Rule 505, the written request of
	er (Print or Type)  wledgeAdvisors, Inc.	Signature  By:			Date April <b>2</b>	<b>6</b> , 2002
		Its: Chairman, Chief Executive of Secretary	Officer	and		
	ne of Signer (Print or Type) t D. Barnett	Title of Signer (Print or Type) Chairman, Chief Executive Officer	and Sec	cretary		

ATTENTION -

		3 2				- F	E. STATI	E SIGNA	TUI	RE		and the second of the second		
1.	Is or	any such	party rule?				•	-		-		disqualification	provisions	Yes No
					See A	ppendix, C	Column 5. f	or state re	spor	ıse				

- 2. The undersigned issuer hereby undertakes to furnish any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type) KnowledgeAdvisors, Inc.	By:  Its: Chairman, Chief Executive Officer and Secretary	Date April <u>26</u> , 2002
Name of Signer (Print or Type) Kent D. Barnett	Title (Print or Type) Chairman, Chief Executive Officer and Secretary	

### Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

NGEDOCS:15400.0002:71 8411.1

# APPENDIX

1		2	3			4		<u> </u>	5
	to non-a	to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		amount pur	investor and chased in State C-Item 2)		under Si (if ye explai waiver	alification tate ULOE s. attach nation of granted) E-Item 1)
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL		X							·
AK		X							
AS		X							
AZ		X							
AR		X							
CA		Х	Convertible preferred stock and warrants	1	10,000	0	0		X
со		X							-
СТ		X	Convertible preferred stock and warrants	1	25,000	0	0		Х
DE		Х	, ,						
DC		X							
FL	,	X	Convertible preferred stock and warrants	. 1	40,000	0	0		Х
GA		X							
НІ		Х							
ID		Х							
IL		X	Convertible preferred stock and warrants	11	664,000	0	0		х
IN		Х	Convertible preferred stock and warrants	1	50,000	0	0		х
ΙA		Х							
KS		X							
KY		X							
LA		Х							
ME		X							
MD		X							
МА		х							

# APPENDIX

1		2	3			4			5
	to non-a	I to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)				
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
MI		Х	Convertible preferred stock and warrants	1	10,000	0	0		X
MN		X							
MS		Х							
МО		X							
MT		X							
NE		X							
NV		X							
NH		X							
NJ		X							
NM		X			· · · · · · · · · · · · · · · · ·				
NY	y	X	_						
NC		X	-						<u></u>
ND		X							
ОН		X							
OK		X							
ÖR		X							
PA		X	Convertible preferred stock and warrants	1	25,000	0	0	*,+,+	X
RI		X							
SC		Х	***						
SD		X							
TN		X						<del></del>	
TX		X							
UT		X							
VT		X							
VA		X						:	
WA		X							

## APPENDIX

1	Type of security and aggregate to non-accredited investors in State (Part B-Item 1)  Type of security and aggregate offering price offered in state (Part C-Item 1)			Type of amount pur (Part (	under S (if ye explai waiver	5 alification tate ULOE s, attach nation of granted) E-Item 1)			
State WV	Yes	No X		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
WI		X			-				
WY PR		X							